

Crosswalk Management System

Report REPORT CROSSWALK TO STATE

Filename

Run by CWMS_PROXY

Report Date 27-DEC-16 09:11

Status : VA

Media ID : CEDS - NH

Start Date : 25-NOV-02

End Date :

Follow-up :

Substance Abuse and Mental Health Services Administration

Center for Behavioral Health Statistics and Quality

NH TEDS - New CEDS -11/ 2002

Version : 1

K = Key Field

System

New Hampshire

| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|------------------------------------|---------------------------|--------|---|-------------------|
| 1 | System Transaction Type | - | System Transaction Type | |
| A | Add | A | Add | |
| C | Change | C | Change | |
| D | Delete | D | Delete | |
| K 2 | State Code | NH | FIPS Code Added To Each Record | |
| - | State Postal Abbreviation | - | NH | |
| 3 | Reporting Date | - | Month and Year of Submission Added to Each Record | |
| | | MMYYYY | | |

Crosswalk Report

NH TEDS - New CEDS -11/ 2002
Version : 1

K = Key Field Minimum New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|----------------------------|------|-------|------------------------|
| K 1 | State Provider Identifier | 8 | | Facility's Code Number |

| | | | | |
|-----|-------------------------------|------|--|---|
| K 2 | Client Identifier (Admission) | 10/9 | | Facility's Client Identifier (DOB, initials, gender , and part of ss#) |
|-----|-------------------------------|------|--|---|

| | | | | |
|---------------------------------------|-------------------------|----|--|---------------------------------|
| K 3 | Co-Dependent/Collateral | 13 | | Client's Relationship to Abuser |
| 2 | No | 1 | | Self |
| 1 | Yes | 2 | | Significant Other |
| 1 | Yes | 3 | | Child |
| 1 | Yes | 4 | | Parent |
| No longer effective as of: 05-31-2008 | | | | |

| | | | | |
|-----|-------------------------|---|--|-------------------------|
| K 3 | Co-Dependent/Collateral | - | | Co-dependent/collateral |
| 1 | Yes | 1 | | Yes |
| 2 | No | 2 | | No |

| | | | | |
|-----|---------------------------------|-----|--|------------------|
| K 4 | Client Transaction Type | 9/A | | Transaction Type |
| A | Admission (SA) | 1 | | Admit |
| T | Transfer/Change in Service (SA) | 2 | | Transfer |

| | | | | |
|-----|-------------------|---|--|-------------------------------|
| K 5 | Date of Admission | 7 | | date of Admission MMDDYYYY |
|-----|-------------------|---|--|-------------------------------|

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New Hampshire

| Item | No Treatment Episode Data Set | Item | Value | State System Data |
|------|-------------------------------|------|-----------------------------|-------------------|
| 6 | Prior Treatment Episodes | - | No. of Prior Treatments | |
| 1 | 1 Previous Episodes | 0 | 0 Previous Episodes | |
| 0 | 0 Previous Episodes | 1 | 1 Previous Episode | |
| 2 | 2 Previous Episodes | 2 | 2 Previous Episodes | |
| 3 | 3 Previous Episodes | 3 | 3 Previous Episodes | |
| 4 | 4 Previous Episodes | 4 | 4 Previous Episodes | |
| 5 | 5 Or More Previous Episodes | 5 | 5 or more Previous Episodes | |
| 7 | Unknown | 7 | Unknown | |

| 6 | Prior Treatment Episodes | 16/15 | Number of Prior Treatments |
|---------------------------------------|-----------------------------|-------|----------------------------|
| 0 | 0 Previous Episodes | - | 0 |
| 1 | 1 Previous Episodes | - | >5 |
| 5 | 5 Or More Previous Episodes | - | 5 |
| 3 | 3 Previous Episodes | - | >5 |
| 4 | 4 Previous Episodes | - | >5 |
| 2 | 2 Previous Episodes | - | >5 |
| No longer effective as of: 05-31-2008 | | | |

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New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|------|-------|-----------------------------------|
| 7 | Principal Source of Referral | - | | Principal Source of Referral |
| 01 | Individual (includes self-referral)) | 01 | | Individual |
| 02 | Alcohol/Drug Abuse Provider | 02 | | Alcohol/ Drug Abuse care provider |
| 03 | Other Health Care Provider | 03 | | Other health care provider |
| 04 | School (Educational) | 04 | | School |
| 05 | Employer/Employer Assistance ProgramEAP | 05 | | Employer / EPA |
| 06 | Other Community Referral | 06 | | Other community referral |
| 07 | Court/Criminal Justice/DUI/DWI | 07 | | Court/criminal justice referral |
| 97 | Unknown | 97 | | Unknown |

| 7 | Principal Source of Referral | 29/27 | Referral Source |
|----|---|-------|-----------------------------|
| 01 | Individual (includes self-referral)) | 1 | Self |
| 02 | Alcohol/Drug Abuse Provider | 2 | A/D Abuse Provider |
| 03 | Other Health Care Provider | 3 | Other Health Provider |
| 04 | School (Educational) | 4 | School/Educational Facility |
| 05 | Employer/Employer Assistance ProgramEAP | 5 | Employer(e) |
| 06 | Other Community Referral | 6 | DCYF/Other Comp |
| 07 | Court/Criminal Justice/DUI/DWI | 7 | Court/Crimial Justice/DWI |

No longer effective as of: 05-31-2008

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New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|----------------------------|------|------------------------|-------------------|
| 8 | Date of Birth | 3 | Client's Date of Birth | |
| 9 | Gender | 2 | Client's Gender | |
| 1 | Male | 1 | Male | |
| 2 | Female | 2 | Female | |
| No longer effective as of: 05-01-2008 | | | | |

| | | | | |
|---|---------|---|-----------------|--|
| 9 | Gender | 2 | Client's Gender | |
| 1 | Male | 1 | Male | |
| 2 | Female | 2 | Female | |
| 7 | Unknown | 7 | Unknown | |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|--|------|-------|---------------------------|
| 10 | Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit | - | Race | |
| 01 | Alaska Native (Aleut, Eskimo, Indian) | 01 | | Alaskan Native |
| 02 | American Indian/Alaskan Native (States using Alaskan Native in 01 use for other | 02 | | American Indian |
| 04 | Black or African American | 04 | | Black or African American |
| 13 | Asian | 13 | | Asian (CEDS 03) |
| 20 | Other Single Race | 20 | | Other |
| 23 | Native Hawaiians or Other Pacific Islanders | 5 | | Pacific Islander (CEDS 5) |
| 05 | White | 6 | | White (CEDS 06) |
| 97 | Unknown | 97 | | Unknown |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|--|------|-------|-------------------|
| 10 | Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit | 5 | | Client's Race |
| 01 | Alaska Native (Aleut, Eskimo, Indian) | 1 | | Alaskan Native |
| 02 | American Indian/Alaskan Native (States using Alaskan Native in 01 use for other | 2 | | American Native |
| 13 | Asian | 3 | | Asian |
| 04 | Black or African American | 4 | | Black |
| 23 | Native Hawaiians or Other Pacific Islanders | 5 | | Pacific Islander |
| 05 | White | 6 | | White |
| 20 | Other Single Race | 7 | | Other |
| No longer effective as of: 05-31-2008 | | | | |

| | | | | |
|----|--|----|--|--------------------------------|
| 11 | Hispanic or Latino Origin (Ethnicity) | 6 | | Client's Ethnicity |
| 01 | Puerto Rican | 01 | | Puerto Rican |
| 02 | Mexican | 02 | | Mexican |
| 03 | Cuban | 03 | | Cuban |
| 04 | Other Specific Hispanic | 04 | | Other Specific Hispanic |
| 05 | Not of Hispanic or Latino Origin | 05 | | Not of Hispanic Origin |
| 06 | Hispanic or Latino - Specific Origin not Specified | 06 | | Hispanic, Origin Not Specified |
| 97 | Unknown | 97 | | Unknown |

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New Hampshire

| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|---------------------------------------|--|------|--------------------------------|-------------------|
| 11 | Hispanic or Latino Origin (Ethnicity) | 6 | Client's Ethnicity | |
| 01 | Puerto Rican | 1 | Puerto Rican | |
| 02 | Mexican | 2 | Mexican | |
| 03 | Cuban | 3 | Cuban | |
| 04 | Other Specific Hispanic | 4 | Other Specific Hispanic | |
| 05 | Not of Hispanic or Latino Origin | 5 | Not of Hispanic Origin | |
| 06 | Hispanic or Latino - Specific Origin not Specified | 6 | Hispanic, Origin Not Specified | |
| No longer effective as of: 05-31-2008 | | | | |

| | | | | |
|-------|--|-------|-------------------------------|--|
| 12 | Education | 22/12 | Client's Level of Education | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 01-11 | Grade Completed | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 12 | GED/High School Diploma | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 13 | Some College. No degree | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 14 | AA, AS, etc | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 15 | BS/BA | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 16 | GRAD no degree | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 17 | GRAD w/ degree | |
| 00 | Less Than One Grade Completed | 18 | less than one grade completed | |
| 97 | Unknown | 97 | Unknown | |

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| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|---------------------------------------|--|-------|-----------------------------|-------------------|
| 12 | Education | 22/12 | Client's Level of Education | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 01-11 | Grade Completed | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 12 | GED/High School Diploma | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 13 | Some College. No degree | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 14 | AA, AS, etc | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 15 | BS/BA | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 16 | GRAD no degree | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 17 | GRAD w/ degree | |
| 00 | Less Than One Grade Completed | 18 | None | |
| No longer effective as of: 05-31-2008 | | | | |

| | | | | |
|----|--|----|--------------------|--|
| 13 | Employment Status | - | Employment Status | |
| 01 | Full Time - works 35 or more hours a week- includes military | 01 | Full-time | |
| 02 | Part Time - works less tahn 35 hours per week | 02 | Part-time | |
| 03 | Unemployed - looking for work in past 30 days or on layoff from job | 03 | Unemployed | |
| 04 | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 04 | Not in Labor Force | |
| 97 | Unknown | 97 | Unknown | |

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| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|---------------------------------------|--|-------|------------|---------------------------|
| 13 | Employment Status | 34/50 | Employment | |
| 01 | Full Time - works 35 or more hours a week- includes military | 1 | | Full Time (>=35 hours/wk) |
| 02 | Part Time - works less tahn 35 hours per week | 2 | | Part Time (<35 hours/wk) |
| 03 | Unemployed - looking for work in past 30 days or on layoff from job | 3 | | Unemployed |
| 04 | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | 4 | | Not in Labor Force |
| 04 | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | | | |
| 04 | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | | | |
| 04 | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | | | |
| 04 | Not in Labor Force - not looking for work in past 30 days - stdent, retired etc. | | | |
| 03 | Unemployed - looking for work in past 30 days or on layoff from job | | | |
| No longer effective as of: 05-31-2008 | | | | |

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Minimum

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|--|------|-------|--|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C) | - | | Substance Problem |
| 01 | None | 01 | | None |
| 02 | Alcohol | 02 | | Alcohol |
| 03 | Cocaine, Crack | 03 | | Cocaine/Crack |
| 04 | Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations) | 04 | | Marijuana/Hashish |
| 05 | Heroin | 05 | | Heroin |
| 06 | Non-Prescription Methadone | 06 | | Non-Prescription Methadone |
| 07 | Other Opiates and Synthetics | 07 | | Other Opiates And Synthetics |
| 08 | PCP | 08 | | PCP-phencyclidine |
| 09 | Hallucinogens | 09 | | Other Hallucinogens |
| 10 | Methamphetamine | 10 | | Methamphetamine |
| 11 | Other Amphetamines | 11 | | Other Amphetamines |
| 12 | Other Stimulants | 12 | | Other Stimulants |
| 13 | Benzodiazepines | 13 | | Benzodiazepine |
| 14 | Other Non-Benzodiazapine Tranquilizers | 14 | | Other non-Benzodiazepine Tranquilizers |
| 15 | Barbiturates | 15 | | Barbiturates |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 16 | | Other Non-Barbiturate Sedatives or Hypnotics |
| 17 | Inhalants | 17 | | Inhalants |

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| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|------------------------------------|--|------|-------|-------------------|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C) | - | | Substance Problem |
| 18 | Over-the-Counter | 18 | | Over-The-Counter |
| 20 | Other | 20 | | Other |
| 97 | Unknown | 97 | | Unknown |

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New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|--|-------|----------------------------|-------------------|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C) | 40/36 | Substances | |
| 01 | None | 0101 | None | |
| 02 | Alcohol | 0201 | Alcohol | |
| 03 | Cocaine, Crack | 0301 | Crack | |
| 04 | Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations) | 0401 | Marijuana/Hashish | |
| 01 | None | 0402 | Not Used | |
| 05 | Heroin | 0501 | Heroin/Morphine | |
| 06 | Non-Prescription Methadone | 0601 | Methadone | |
| 07 | Other Opiates and Synthetics | 0701 | Codeine | |
| 07 | Other Opiates and Synthetics | 0702 | D-Propoxyphene | |
| 07 | Other Opiates and Synthetics | 0703 | Oxycodone | |
| 07 | Other Opiates and Synthetics | 0704 | Meperidine HCL | |
| 07 | Other Opiates and Synthetics | 0705 | Hydromorphone | |
| 07 | Other Opiates and Synthetics | 0706 | Analgesic, Narcotic, Other | |
| 07 | Other Opiates and Synthetics | 0707 | Pentaocine | |
| 08 | PCP | 0801 | PCP or PCP Combination | |
| 09 | Hallucinogens | 0901 | LSD | |
| 09 | Hallucinogens | 0902 | Hallucingen, Other | |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|--|-------|---|-------------------|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C) | 40/36 | Substances | |
| 10 | Methamphetamine | 1001 | Methamphetamine/Speed | |
| 11 | Other Amphetamines | 1101 | Amphetamine | |
| 11 | Other Amphetamines | 1102 | Methylenidate | |
| 11 | Other Amphetamines | 1103 | Methylenedioxymethamphetamine (MDMA, Ecstasy) | |
| 12 | Other Stimulants | 1201 | Stimulant, other | |
| 13 | Benzodiazepines | 1301 | Alprazolam (Xanax) | |
| 13 | Benzodiazepines | 1302 | Chlordiazepoxide (Librium) | |
| 13 | Benzodiazepines | 1303 | Clorazepate (Tranzone) | |
| 13 | Benzodiazepines | 1304 | Diazepam (Valium) | |
| 13 | Benzodiazepines | 1305 | Flurazepam (Dalmane) | |
| 13 | Benzodiazepines | 1306 | Lorazepam (Ativan) | |
| 13 | Benzodiazepines | 1307 | Triazolam (Halcion) | |
| 13 | Benzodiazepines | 1308 | Benzodiazepine, Other | |
| 14 | Other Non-Benzodiazapine Tranquilizers | 1401 | Meprobamate (Miltown) | |
| 14 | Other Non-Benzodiazapine Tranquilizers | 1403 | Tranuilizer, Other | |
| 15 | Barbiturates | 1501 | Phenobarital | |
| 15 | Barbiturates | 1502 | Secobarbital/Ambarbital | |
| 15 | Barbiturates | 1503 | Secobarbital (Seconal) | |

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|---------|--|-------|-------|-------------------------------------|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C) | 40/36 | | Substances |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1601 | | Ethchiorvynol (Placidyl) |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1602 | | Glutethimide (Doriden) |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1603 | | Methaqualone |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1604 | | Sedative, Non-Barbituate, Other |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1605 | | Sedative, Other |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1606 | | Flunitrazepam (Rohypnol) |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1607 | | GHB/GBL (Gamma-Hydroxybutyrate,...) |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1608 | | Ketamine (Special) |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 1609 | | Clonazepam (Klonopin, Rivotril) |
| 17 | Inhalants | 1701 | | Aerosols |
| 17 | Inhalants | 1702 | | Nitrites |
| 17 | Inhalants | 1703 | | Inhalant, Other |
| 17 | Inhalants | 1704 | | Solvents |
| 17 | Inhalants | 1705 | | Anesthetics |
| 18 | Over-the-Counter | 1801 | | Diphenhydramine |
| 20 | Other | 2001 | | Diphenylhydantoin Sodium |
| 20 | Other | 2002 | | Other Drug |
| 97 | Unknown | 9997 | | Unknown |

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New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|---|-------|---------------|-------------------|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiar-14C) | 40/36 | Substances | |
| 98 | Not Collected | 9998 | Not Collected | |
| No longer effective as of: 05-31-2008 | | | | |

| | | | | |
|----|--|-------|---------------|--|
| 15 | Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C) | 43/39 | Method of Use | |
| 01 | Oral | 1 | Oral | |
| 02 | Smoking | 2 | Smoked | |
| 03 | Inhalation | 3 | Inhaled | |
| 04 | Injection (IV or intramuscular, intradermal or subcutaneous) | 4 | Injected | |
| 20 | Other | 5 | Other | |
| 20 | Other | 6 | None | |

| | | | | |
|----|--|-------|--------------------|--|
| 16 | Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C) | 45/40 | Frequency of Use | |
| 01 | No use in the past month | 1 | None in Past Month | |
| 02 | 1-3 times in past month | 2 | Monthly, 1-3 times | |
| 03 | 1-2 times per week | 3 | Weekly, 1-2 times | |
| 04 | 3-6 times per week | 4 | Weekly, 3-6 times | |
| 05 | Daily | 5 | Daily | |

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|---------------------------------------|---|------|----------------------------------|-------------------|
| 17 | Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) | 46 | Age of First Use - Not Collected | |
| 17 | Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) | 46 | Age of First Use - Not Collected | |
| No longer effective as of: 08-31-2004 | | | | |

| K 18 | Type of Services | - | Treatment event Section - FCLevelCareTreat |
|------|--|----|--|
| 08 | Ambulatory Detoxification | 01 | Tx - Ambulatory Detoxification with Extended Monitoring |
| 08 | Ambulatory Detoxification | 02 | Tx - Ambulatory Detoxification without Extended Monitoring |
| 01 | Detoxification - Hospital Inpatient (Detox, 24 hour Service) | 03 | Tx - Medically Managed Inpatient Detoxification |
| 02 | Detoxification Free-standing Residential (Detox, 24 hour Service) | 04 | Tx - Residential - Clinically Managed Detoxification |
| 05 | Rehabilitation/Residential - Long-term, (more than 30 days) | 05 | Tx - Residential - Clinically Managed High Intensity |
| 04 | Rehabilitation/Residential - Short-term, (30 days or fewer) | 06 | Tx - Residential - Clinically Managed Medium Intensity |
| 05 | Rehabilitation/Residential - Long-term, (more than 30 days) | 07 | Tx - Residential - Clinically Managed Low Intensity |
| 03 | Rehabilitation/Residential - Hospital (other than detox) | 08 | Tx - Medically Managed Intensive Inpatient Services |
| 06 | Ambulatory - Intensive Outpatient | 09 | Tx - Outpatient Services - Intensive |
| 07 | Ambulatory - Non-Intensive Outpatient | 10 | Tx - Outpatient Services |
| 07 | Ambulatory - Non-Intensive Outpatient | 11 | Tx - Early Intervention |
| 04 | Rehabilitation/Residential - Short-term, (30 days or fewer) | 12 | Tx - Partial Hospitalization |
| 07 | Ambulatory - Non-Intensive Outpatient | 13 | Tx - Outpatient Methadone Maintenance |

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Supplemental

New Hampshire

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|-----------------------------------|------|-------|-------------------|
| Item NoTreatment Episode Data Set | Item | Value | State System Data |
|-----------------------------------|------|-------|-------------------|

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Supplemental

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|-------|----------------------------|-------------------|
| 1 | Detail Drug Code, Primary | 40/36 | Substances | |
| 9996 | Not Applicable | 0101 | None | |
| 0201 | Alcohol | 0201 | Alcohol | |
| 0301 | Crack | 0301 | Crack | |
| 0302 | Other Cocaine | 0302 | Cocaine/Other | |
| 0401 | Marijuana/Hashish,THC and any other cannabis sativa preparation | 0401 | Marijuana/Hashish | |
| 9996 | Not Applicable | 0402 | Not Used | |
| 0501 | Heroin/Morphine | 0501 | Heroin/Morphine | |
| 0601 | Methadone | 0601 | Methadone | |
| 0701 | Codeine | 0701 | Codeine | |
| 0702 | D-Propoxyphene | 0702 | D-Propoxyphene | |
| 0703 | Oxycodone (Oxycotin) | 0703 | Oxycodone | |
| 0704 | Meperidine HCL | 0704 | Meperidine HCL | |
| 0705 | Hydromorphone (Dilaudid) | 0705 | Hydromorphone | |
| 0706 | Other Narcotic Analgesics | 0706 | Analgesic, Narcotic, Other | |
| 0707 | Pentazocine (Talwin) | 0707 | Pentaocine | |
| 0801 | PCP or PCP Combinations | 0801 | PCP or PCP Combination | |
| 0901 | LSD | 0901 | LSD | |
| 0902 | DMT, mescaline, peyote,STD and Other Hallucinogens | 0902 | Hallucingen, Other | |

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New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|-------|---|-------------------|
| 1 | Detail Drug Code, Primary | 40/36 | Substances | |
| 1001 | Methamphetamine/Speed | 1001 | Methamphetamine/Speed | |
| 1101 | Amphetamine | 1101 | Amphetamine | |
| 1102 | Methylphenidate (Ritalin) | 1102 | Methylenidate | |
| 1103 | Methyleneioxymethamphetamine (MDMA, Ecstasy) | 1103 | Methylenedioxyamphetamine (MDMA, Ecstasy) | |
| 1201 | Other Stimulants | 1201 | Stimulant, other | |
| 1301 | Alprazolam (Xanax) | 1301 | Alprazolam (Xanax) | |
| 1302 | Chlordiazepoxide (Librium) | 1302 | Chlordiazepoxide (Librium) | |
| 1303 | Clorazepate (Tranzone) | 1303 | Clorazepate (Tranzone) | |
| 1304 | Diazepam (Valium) | 1304 | Diazepam (Valium) | |
| 1305 | Flurazepam (Dalmane) | 1305 | Flurazepam (Dalmane) | |
| 1306 | Lorazepam (Ativan) | 1306 | Lorazepam (Ativan) | |
| 1307 | Triazolam (Halcion) | 1307 | Triazolam (Halcion) | |
| 1308 | Halazepam, oxazepam (Serax), Prazepam, Temazepam (Restoril) and other | 1308 | Benzodiazepine, Other | |
| 1401 | Meprobamate (Miltown) | 1401 | Meprobamate (Miltown) | |
| 1403 | Other non-benzodiazepine Tranquilizer | 1403 | Tranquilizer, Other | |
| 1501 | Phenobarbital | 1501 | Phenobarbital | |
| 1502 | Secobarbital/Amobarbital (Tuinal) | 1502 | Secobarbital/Amobarbital | |
| 1503 | Secobarbital (Seconal) | 1503 | Secobarbital (Seconal) | |
| 1601 | Ethchlorvynol (Placidyl) | 1601 | Ethchlorvynol (Placidyl) | |

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K = Key Field

Supplemental

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|-------|-------------------------------------|-------------------|
| 1 | Detail Drug Code, Primary | 40/36 | Substances | |
| 1602 | Glutethimide (Doriden) | 1602 | Glutethimide (Doriden) | |
| 1603 | Methaqualone | 1603 | Methaqualone | |
| 1604 | Other Non-Barbiturate Sedatives | 1604 | Sedative, Non-Barbituate, Other | |
| 1605 | Other Sedatives | 1605 | Sedative, Other | |
| 1606 | Flunitrazepam (Rohypnol) | 1606 | Flunitrazepam (Rohypnol) | |
| 1607 | GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone) | 1607 | GHB/GBL (Gamma-Hydroxybutyrate,...) | |
| 1608 | Ketamine (Special K) | 1608 | Ketamine (Special) | |
| 1609 | Clonazepam (Klonopin, Rivotril) | 1609 | Clonazepam (Klonopin, Rivotril) | |
| 1701 | Aerosols | 1701 | Aerosols | |
| 1702 | Nitrites | 1702 | Nitrites | |
| 1703 | Gasoline,glue, and other inapproriatly inhaled products | 1703 | Inhalant, Other | |
| 1704 | Solvents (paint thinners and other solvents) | 1704 | Solvents | |
| 1705 | Anesthetics (Choloform,ether, nitrous oxzide and other anesthetics) | 1705 | Anesthetics | |
| 1801 | Diphenhydramine | 1801 | Diphenhydramine | |
| 2001 | Dephenylhydantoin Sodium | 2001 | Diphenylhydantoin Sodium | |
| 2002 | Synthetic Cannabinoid (Spice), Carisoprodol (Soma) and other drugs | 2002 | Other Drug | |
| 9997 | Unknown | 9997 | Unknown | |
| 9998 | Not Collected | 9998 | Not Collected | |

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New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|-------|---------------|-------------------|
| 2 | Detail Drug Code, Secondary | 40/36 | Substances | |
| 3 | Detail Drug Code, Tertiary | 40/36 | Substances | |
| 4 | Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i | - | Not Collected | |

| | | | |
|---------------------------------------|---|----|-----------------------|
| 5 | Psychiatric Problem in Addition to Alcohol or Drug Problem | 35 | Psychiatric Severity |
| 2 | No | 1 | No Problem Identified |
| 1 | Yes | 2 | Mild |
| 1 | Yes | 3 | Moderate |
| 1 | Yes | 4 | Severe |
| No longer effective as of: 08-31-2006 | | | |

| | | | |
|---|---|----|---------------------|
| 5 | Psychiatric Problem in Addition to Alcohol or Drug Problem | 31 | Psychiatric Problem |
| 1 | Yes | 1 | Yes |
| 2 | No | 2 | No |

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New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|--|-----------|---|-------------------|
| 6 | Pregnant at Admission | 24 | Client's Pregnancy State at Intake | |
| 1 | Yes - female client was pregnant at admission | 1 | | Pregnant |
| 2 | No - female client was not pregnant at admission | 2 | | Not Pregnant |
| No longer effective as of: 08-01-2006 | | | | |

| | | | | |
|----------|--|-----------|-------------------------|-----|
| 6 | Pregnant at Admission | 20 | Pregnancy Status | |
| 1 | Yes - female client was pregnant at admission | 1 | | Yes |
| 2 | No - female client was not pregnant at admission | 2 | | No |

| | | | |
|---------------------------------------|-----------------------|---|----------------------|
| 7 | Veteran Status | - | Not Collected |
| No longer effective as of: 08-31-2006 | | | |

| | | | | |
|----------|-----------------------|-----------|-----------------|-----|
| 7 | Veteran Status | 11 | Veterans | |
| 1 | Yes | 1 | | Yes |
| 2 | No | 2 | | No |

| | | | | |
|----------|---|--------------|------------------------------------|------------------------|
| 8 | Living Arrangements | 23/22 | Client's Living Arrangement | |
| 01 | Homeless - clients with no fixed address; includes homeless shelter | 1 | | Homeless |
| 02 | Dependent Living - clients living in a supervised setting | 2 | | Dependent Living |
| 03 | Independent Living - clients living alone or with others but no supervision | 3 | | Independent Living |
| 02 | Dependent Living - clients living in a supervised setting | 4 | | Controlled Environment |

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| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|------------------------------------|--|-------|-------|-----------------------------------|
| 9 | Source of Income/Support | 27/16 | | Client's Primary Source of Income |
| 21 | None | 1 | | None |
| 01 | Wages/Salary | 2 | | Wages/Salary |
| 02 | Public Assistance | 3 | | Unemployment |
| 03 | Retirement/Pension | 4 | | Retirement |
| 04 | Disability | 5 | | Disability |
| 02 | Public Assistance | 6 | | TANF |
| 02 | Public Assistance | 7 | | Other Assistance |
| 20 | Other | 8 | | Other |
| 10 | Health Insurance | 18 | | Client's Health Insurance |
| 01 | Private Insurance (other than BCBS or HMO) | 1 | | Private |
| 02 | Blue Cross/Blue Shield | 2 | | B.C. /B.S. |
| 03 | Medicare | 3 | | Medicare |
| 04 | Medicaid | 4 | | Medicaid |
| 06 | Health Maintenance Organization (HMO) | 5 | | HMO |
| 20 | Other (e.g. TriCare) | 6 | | Other |
| 21 | None | 7 | | None |

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| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|------------------------------------|--|------|-------------------------------|-------------------|
| 11 | Expected/Actual Primary Source of Payment | 19 | Payment Method | |
| 01 | Self-Pay | 1 | Self | |
| 02 | Blue Cross/Blue Shield | 2 | B.C./B.S. | |
| 03 | Medicare | 3 | Medicare | |
| 04 | Medicaid | 4 | Medicaid | |
| 05 | Other Government Payments | 5 | Other Government Compensation | |
| 06 | Worker's Compensation | 6 | Worker's Compensation | |
| 07 | Other Health Insurance Companies | 7 | Other Health Insurance | |
| 08 | No Charge (Free, Charity, Special Research or Teaching) | 8 | No Charge | |

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New Hampshire

| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|---------------------------------------|---|-------|--------------------------------------|-------------------|
| 12 | Detailed Not in Labor Force | 28/51 | Client's Employment Status at Intake | |
| 96 | Not Applicable | 1 | Full Time(35+0 | |
| 96 | Not Applicable | 2 | Part Time (35-) | |
| 02 | Student | 3 | Student | |
| 04 | Disabled | 4 | Disabled | |
| 03 | Retired | 5 | Rented | |
| 01 | Homemaker | 6 | Homermaker | |
| 06 | Other | 7 | Unemployed Looking | |
| 06 | Other | 8 | Unemployed Not Looking | |
| 05 | Inmate of Institution (Prison or Institution - keeps people out of work force) | 9 | Institutionalized | |
| No longer effective as of: 08-31-2006 | | | | |

| | | | | |
|----|---|----|-----------------------|--|
| 12 | Detailed Not in Labor Force | 35 | Labor Force Detail | |
| 01 | Homemaker | 1 | Homemaker | |
| 02 | Student | 2 | Student | |
| 03 | Retired | 3 | Retired | |
| 04 | Disabled | 4 | Disabled | |
| 05 | Inmate of Institution (Prison or Institution - keeps people out of work force) | 5 | Inmate of Institution | |
| 06 | Other | 6 | Other | |
| 96 | Not Applicable | 7 | Not Applicable | |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|-------|---|-------------------|
| 13 | Detailed Criminal Justice Referral Categories | 30/28 | C. J. Referral | |
| 01 | State/Federal Court | 1 | State/Federal Court | |
| 03 | Probation/Parole | 2 | Probation/Parole | |
| 06 | Prison | 3 | Prison | |
| 07 | DUI/DWI | 4 | DUI/DWI | |
| 08 | Other | 5 | Other | |
| 96 | Not Applicable | 6 | Not Applicable | |
| 14 | Marital Status | 21 | Client's Marital | |
| 02 | Now Married (includes those living together as married) | 1 | Married | |
| 03 | Separated (legally seperated or otherwise absent becасue of marital discord)) | 2 | Seperated | |
| 01 | Never Married - includes clients who are single or whose | 3 | Never Married | |
| 04 | Divorced | 4 | Divorced | |
| 05 | Widowed | 5 | Widowed | |
| 15 | Days Waiting to Enter Treatment | 15/14 | Number of Days Since Screening | |
| 16 | Number of Arrests in the 30 Days Prior to Admission | 38/32 | Number of Arrests in Past 6 months | |
| 00-96 | Number of Arrests | - | enter number of times client has been arrested for any reason in the past 6 | |

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New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|------|---------------|-------------------|
| 17 | Frequency of Attendance at Self-Help Programs in 30 days prior to Admission | - | Not Collected | |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|---|--------------|-------|--|
| 7 | Type of Treatment Service/Treatment Setting at Discharge | - | | Treatment event Section - FCLevelCareTreat |
| 08 | Ambulatory Detoxification | 01 | | Tx - Ambulatory Detoxification with Extended Monitoring |
| 08 | Ambulatory Detoxification | 02 | | Tx - Ambulatory Detoxification without Extended Monitoring |
| 01 | Detoxification, 24-Hour Service, Hospital Inpatient | 03 | | Tx - Medically Managed Inpatient Detoxification |
| 02 | Detoxification, 24-Hour Service, Free Standing Residential | 04 | | Tx - Residential - Clinically Managed Detoxification |
| 05 | Rehabilitation/Residential - Long Term (More than 30 Days) | 05 | | Tx - Residential - Clinically Managed High Intensity |
| 04 | Rehabilitation/Residential - Short Term (30 Days or Fewer) | 06 | | Tx - Residential - Clinically Managed Medium Intensity |
| 05 | Rehabilitation/Residential - Long Term (More than 30 Days) | 07 | | Tx - Residential - Clinically Managed Low Intensity |
| 03 | Rehabilitation/Residential - Hospital (other than detoxification) | 08 | | Tx - Medically Managed Intensive Inpatient Services |
| 06 | Ambulatory - Intensive -Outpatient | 09 | | Tx - Outpatient Services - Intensive |
| 07 | Ambulatory -Non Intensive -Outpatient | 10 | | Tx - Outpatient Services |
| 07 | Ambulatory -Non Intensive -Outpatient | 11 | | Tx - Early Intervention |
| 04 | Rehabilitation/Residential - Short Term (30 Days or Fewer) | 12 | | Tx - Partial Hospitalization |
| 07 | Ambulatory -Non Intensive -Outpatient | 13 | | Tx - Outpatient Methadone Maintenance |
| 8 | Date of Last Contact or Data Update | 46/42 | | Date of Last Contact |
| 9 | Date of Discharge | 47/43 | | Date of Discharge |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|--|-------|---|
| 10 | Reason for Discharge, Transfer, or Discontinuance of Treatment | 49/44 | | Reason for Discharge |
| 01 | Treatment Completed | 1 | | Treatment Completed |
| 07 | Other - includes aging out of MH childrens system, extended placement (condition | 2 | | Additional Services Required |
| 03 | Ternimated by Facility | 3 | | Non Compliance w/Program |
| 02 | Dropped out of treatment (lost contact, Left Against Professional Advice | 4 | | Left before Completion |
| 06 | Death | 5 | | Client Inaccessible |
| 07 | Other - includes aging out of MH childrens system, extended placement (condition | 6 | | Needs Services Not Available at This Facility |
| 07 | Other - includes aging out of MH childrens system, extended placement (condition | 7 | | Other |
| 11 | Provider Identifier at Admission | 8 | | Facility's Code Number |
| - | Comes from admission file | | | |
| 12 | Client Identifier at Admission | 10/9 | | Facility's Client Identifier |
| | | (DOB, initials, gender, and part of ss#) | | |
| 13 | Co-Depentent/Collateral at Admission | - | | Co-dependent/collateral |
| 1 | Codependent/collateral | 1 | | Yes |
| 2 | Client | 2 | | No |

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Discharge/NOMS

New Hampshire

| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|---------------------------------------|--------------------------------------|------|---------------------------------|-------------------|
| 13 | Co-Dependent/Collateral at Admission | 13 | Client's Relationship to Abuser | |
| 2 | Client | 1 | Self | |
| 1 | Codependent/collateral | 2 | Significant Other | |
| 1 | Codependent/collateral | 3 | Child | |
| 1 | Codependent/collateral | 4 | Parent | |
| No longer effective as of: 05-31-2008 | | | | |

| | | | | |
|----|---|-----|------------------|--|
| 14 | Client Transaction Type (pulled from admission dataset) | 9/A | Transaction Type | |
| A | Initial Admission (SA) | 1 | Admit | |
| T | Transfer or change in service (SA) | 2 | Transfer | |

| | | | |
|----|---|----------|-------------------|
| 15 | Date of Admission (pulled from admission dataset) | 7 | date of Admission |
| | | MMDDYYYY | |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|----------|-------|---|
| 16 | Type of Service at Admission (pulled from admission dataset) | - | | Treatment event Section - FCLevelCareTreat |
| 08 | Ambulatory Detoxification | 01 | | Tx - Ambulatory Detoxification with Extended Monitoring |
| 08 | Ambulatory Detoxification | 02 | | Tx - Ambulatory Detoxification without Extended Monitoring |
| 01 | Detoxification, 24-hour service - Hospital Inpatient | 03 | | Tx - Medically Managed Inpatient Detoxification |
| 02 | Detoxification , 24 hour service , Free-Standing Residential | 04 | | Tx - Residential - Clinically Managed Detoxification |
| 05 | Rehabilitation/Residential - Long Term (more than 30 days) | 05 | | Tx - Residential - Clinically Managed High Intensity |
| 04 | Rehabilitation/Residential - Short Term (30 days or fewer) | 06 | | Tx - Residential - Clinically Managed Medium Intensity |
| 05 | Rehabilitation/Residential - Long Term (more than 30 days) | 07 | | Tx - Residential - Clinically Managed Low Intensity |
| 03 | Rehabilitation/Residential - Hospital (other than Detoxification) | 08 | | Tx - Medically Managed Intensive Inpatient Services |
| 06 | Ambulatory - Intensive Outpatient | 09 | | Tx - Outpatient Services - Intensive |
| 07 | Ambulatory - Non-Intensive Outpatient | 10 | | Tx - Outpatient Services |
| 07 | Ambulatory - Non-Intensive Outpatient | 11 | | Tx - Early Intervention |
| 04 | Rehabilitation/Residential - Short Term (30 days or fewer) | 12 | | Tx - Partial Hospitalization |
| 07 | Ambulatory - Non-Intensive Outpatient | 13 | | Tx - Outpatient Methadone Maintenance |
| 17 | Date of Birth (pulled from admission dataset) | 3 | | Client's Date of Birth |
| - | Comes from admission file | | | |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|--|------|-----------------|-------------------|
| 18 | Gender (pulled from admission dataset) | 2 | Client's Gender | |
| 1 | Male | 1 | Male | |
| 2 | Female | 2 | Female | |
| No longer effective as of: 05-01-2008 | | | | |

| | | | | |
|----|--|---|-----------------|--|
| 18 | Gender (pulled from admission dataset) | 2 | Client's Gender | |
| 1 | Male | 1 | Male | |
| 2 | Female | 2 | Female | |
| 7 | Unknown | 7 | Unknown | |

| | | | | |
|----|---|----|---------------------------|--|
| 19 | Race (pulled from admission dataset) | - | Race | |
| 01 | Alaskan Native (Aleut, Eskimo) | 01 | Alaskan Native | |
| 02 | American Indian | 02 | American Indian | |
| 04 | Black or African American | 04 | Black or African American | |
| 13 | Asian | 13 | Asian (CEDS 03) | |
| 20 | Other single race | 20 | Other | |
| 23 | Native Hawaiian or other Pacific Islander | 5 | Pacific Islander (CEDS 5) | |
| 05 | White | 6 | White (CEDS 06) | |
| 97 | Unknown | 97 | Unknown | |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|---|------|------------------|-------------------|
| 19 | Race (pulled from admission dataset) | 5 | Client's Race | |
| 01 | Alaskan Native (Aleut, Eskimo) | 1 | Alaskan Native | |
| 02 | American Indian | 2 | American Native | |
| 13 | Asian | 3 | Asian | |
| 04 | Black or African American | 4 | Black | |
| 23 | Native Hawaiian or other Pacific Islander | 5 | Pacific Islander | |
| 05 | White | 6 | White | |
| 20 | Other single race | 7 | Other | |
| No longer effective as of: 05-31-2008 | | | | |

| | | | | |
|---------------------------------------|--|---|--------------------------------|--|
| 20 | Ethnicity (pulled from admission dataset) | 6 | Client's Ethnicity | |
| 01 | Puerto Rican | 1 | Puerto Rican | |
| 02 | Mexican | 2 | Mexican | |
| 03 | Cuban | 3 | Cuban | |
| 04 | Other Specific Hispanic or Latino | 4 | Other Specific Hispanic | |
| 05 | Not of Specific Hispanic or Latino Origin | 5 | Not of Hispanic Origin | |
| 06 | Hispanic or Latino - specific origin not specified | 6 | Hispanic, Origin Not Specified | |
| No longer effective as of: 05-31-2008 | | | | |

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Discharge/NOMS

New Hampshire

| Item NoTreatment Episode Data Set | | Item | Value | State System Data |
|-----------------------------------|--|------|--------------------------------|-------------------|
| 20 | Ethnicity (pulled from admission dataset) | 6 | Client's Ethnicity | |
| 01 | Puerto Rican | 01 | Puerto Rican | |
| 02 | Mexican | 02 | Mexican | |
| 03 | Cuban | 03 | Cuban | |
| 04 | Other Specific Hispanic or Latino | 04 | Other Specific Hispanic | |
| 05 | Not of Specific Hispanic or Latino Origin | 05 | Not of Hispanic Origin | |
| 06 | Hispanic or Latino - specific origin not specified | 06 | Hispanic, Origin Not Specified | |
| 97 | Unknown | 97 | Unknown | |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|------|-------|------------------------------|
| 21 | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | - | | Substance Problem |
| 01 | None | 01 | | None |
| 02 | Alcohol | 02 | | Alcohol |
| 03 | Cocaine/Crack | 03 | | Cocaine/Crack |
| 04 | Marijuana/Hashish | 04 | | Marijuana/Hashish |
| 05 | Heroin | 05 | | Heroin |
| 06 | Non-Prescription Methadone | 06 | | Non-Prescription Methadone |
| 07 | Other Opiates and Synthetics | 07 | | Other Opiates And Synthetics |
| 08 | PCP- phencyclidine | 08 | | PCP-phencyclidine |
| 09 | Hallucinogens | 09 | | Other Hallucinogens |
| 10 | Methamphetamine/SPeed | 10 | | Methamphetamine |

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Discharge/NOMS

New Hampshire

| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|------------------------------------|---|-------|----------------------------|-------------------|
| 21 | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | 40/36 | Substances | |
| | 01 None | 0101 | None | |
| | 02 Alcohol | 0201 | Alcohol | |
| | 03 Cocaine/Crack | 0301 | Crack | |
| | 04 Marijuana/Hashish | 0401 | Marijuana/Hashish | |
| | 01 None | 0402 | Not Used | |
| | 05 Heroin | 0501 | Heroin/Morphine | |
| | 06 Non-Prescription Methadone | 0601 | Methadone | |
| | 07 Other Opiates and Synthetics | 0701 | Codeine | |
| | 07 Other Opiates and Synthetics | 0702 | D-Propoxyphene | |
| | 07 Other Opiates and Synthetics | 0703 | Oxycodone | |
| | 07 Other Opiates and Synthetics | 0704 | Meperidine HCL | |
| | 07 Other Opiates and Synthetics | 0705 | Hydromorphone | |
| | 07 Other Opiates and Synthetics | 0706 | Analgesic, Narcotic, Other | |
| | 07 Other Opiates and Synthetics | 0707 | Pentaocine | |
| | 08 PCP- phencyclidine | 0801 | PCP or PCP Combination | |
| | 09 Hallucinogens | 0901 | LSD | |
| | 09 Hallucinogens | 0902 | Hallucingen, Other | |
| | 10 Methamphetamine/SPeed | 1001 | Methamphetamine/Speed | |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|--|-------|---|-------------------|
| 21 | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | 40/36 | Substances | |
| 11 | Other Amphetamines | 1101 | Amphetamine | |
| 11 | Other Amphetamines | 1102 | Methylenidate | |
| 11 | Other Amphetamines | 1103 | Methylenedioxymethamphetamine (MDMA, Ecstasy) | |
| 12 | Other Stimulants | 1201 | Stimulant, other | |
| 13 | Benzodiazepines | 1301 | Alprazolam (Xanax) | |
| 13 | Benzodiazepines | 1302 | Chlordiazepoxide (Librium) | |
| 13 | Benzodiazepines | 1303 | Clorazepate (Tranzene) | |
| 13 | Benzodiazepines | 1304 | Diazepam (Valium) | |
| 13 | Benzodiazepines | 1305 | Flurazepam (Dalmane) | |
| 13 | Benzodiazepines | 1306 | Lorazepam (Ativan) | |
| 13 | Benzodiazepines | 1307 | Triazolam (Halcion) | |
| 13 | Benzodiazepines | 1308 | Benzodiazepine, Other | |
| 14 | Other Tranquilizer | 1401 | Meprobamate (Miltown) | |
| 14 | Other Tranquilizer | 1403 | Tranuilizer, Other | |
| 15 | Barbiturates | 1501 | Phenobarital | |
| 15 | Barbiturates | 1502 | Secobarbital/Ambarbital | |
| 15 | Barbiturates | 1503 | Secobarbital (Seconal) | |
| 16 | Other Sedatives or Hypontics | 1601 | Ethchiorvynol (Placidyl) | |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|--|-------|-------------------------------------|-------------------|
| 21 | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | 40/36 | Substances | |
| 16 | Other Sedatives or Hypontics | 1602 | Glutethimide (Doriden) | |
| 16 | Other Sedatives or Hypontics | 1603 | Methaqualone | |
| 16 | Other Sedatives or Hypontics | 1604 | Sedative, Non-Barbituate, Other | |
| 16 | Other Sedatives or Hypontics | 1605 | Sedative, Other | |
| 16 | Other Sedatives or Hypontics | 1606 | Flunitrazepam (Rohypnol) | |
| 16 | Other Sedatives or Hypontics | 1607 | GHB/GBL (Gamma-Hydroxybutyrate,...) | |
| 16 | Other Sedatives or Hypontics | 1608 | Ketamine (Special) | |
| 16 | Other Sedatives or Hypontics | 1609 | Clonazepam (Klonopin, Rivotril) | |
| 17 | Inhalants | 1701 | Aerosols | |
| 17 | Inhalants | 1702 | Nitrites | |
| 17 | Inhalants | 1703 | Inhalant, Other | |
| 17 | Inhalants | 1704 | Solvents | |
| 17 | Inhalants | 1705 | Anesthetics | |
| 18 | Over-The-Counter medicines | 1801 | Diphenhydramine | |
| 20 | Other | 2001 | Diphenylhydantoin Sodium | |
| 20 | Other | 2002 | Other Drug | |
| 97 | Unknown | 9997 | Unknown | |
| 98 | Not Collected | 9998 | Not Collected | |
| No longer effective as of: 05-31-2008 | | | | |

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Discharge/NOMS

New Hampshire

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|--|-------|-----------------------------|-------------------|
| 22 | Frequency of Use at Discharge (Primary, Secondary, Tertiary) | 45/40 | Frequency of Use | |
| 01 | No Use in the Past Month | 1 | None in Past Month | |
| 02 | 1-3 Times in the Past Month | 2 | Monthly, 1-3 times | |
| 03 | 1-2 Times in the Past Week | 3 | Weekly, 1-2 times | |
| 04 | 3-6 Times in the Past Week | 4 | Weekly, 3-6 times | |
| 05 | Daily | 5 | Daily | |
| 23 | Living Arrangements at Discharge | 23/22 | Client's Living Arrangement | |
| 01 | Homeless - clients with no fixed address; includes homeless shelter | 1 | Homeless | |
| 02 | Dependent Living - clients living in a supervised setting | 2 | Dependent Living | |
| 03 | Independent Living - clients living alone or with others but no supervision | 3 | Independent Living | |
| 02 | Dependent Living - clients living in a supervised setting | 4 | Controlled Environment | |
| 24 | Employment at Discharge | - | Employment Status | |
| 01 | Full Time - works 35 or more hours a week- includes military | 01 | Full-time | |
| 02 | Part Time - works less than 35 hours per week | 02 | Part-time | |
| 03 | Unemployed - looking for work in past 30 days or on layoff from job | 03 | Unemployed | |
| 04 | Not in Labor Force - not looking for work in past 30 days - student, retired etc. | 04 | Not in Labor Force | |
| 97 | Unknown | 97 | Unknown | |

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Discharge/NOMS

New Hampshire

| Item No Treatment Episode Data Set | | Item | Value | State System Data |
|---------------------------------------|-------------------------|-------|--------------------------------------|-------------------|
| 24 | Employment at Discharge | 28/51 | Client's Employment Status at Intake | |
| - | Codes same as MDS 13 | | | |
| No longer effective as of: 05-31-2008 | | | | |

| | | | | |
|----|---|----|-----------------------|--|
| 25 | Detailed Not In Labor Force at Discharge | 35 | Labor Force Detail | |
| 01 | Homemaker | 1 | Homemaker | |
| 02 | Student | 2 | Student | |
| 03 | Retired | 3 | Retired | |
| 04 | Disabled | 4 | Disabled | |
| 05 | Inmate of Institution (Prison or Institution - keeps people out of work force) | 5 | Inmate of Institution | |
| 06 | Other | 6 | Other | |
| 96 | Not Applicable | 7 | Not Applicable | |

| | | | |
|---------------------------------------|--|-------|--------------------------------------|
| 25 | Detailed Not In Labor Force at Discharge | 28/51 | Client's Employment Status at Intake |
| - | Codes same as SuDS 12 | | |
| No longer effective as of: 08-31-2006 | | | |

| | | | | |
|----|---|---|---------------|--|
| 26 | Number of Arrests in 30 Days Prior to Discharge | - | Not Collected | |
|----|---|---|---------------|--|

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report